

Citation for published version:

Zatoski, WA, Sulkowska, U, Zatoski, MZ, Herbe, AA & Muszyska, MM 2015, 'Alcohol taxation and premature mortality in Europe', *The Lancet*, vol. 385, no. 9974, pp. 1181-1181. [https://doi.org/10.1016/S0140-6736\(15\)60634-1](https://doi.org/10.1016/S0140-6736(15)60634-1)

DOI:

[10.1016/S0140-6736\(15\)60634-1](https://doi.org/10.1016/S0140-6736(15)60634-1)

Publication date:

2015

Document Version

Peer reviewed version

[Link to publication](#)

Publisher Rights

CC BY-NC-ND

University of Bath

Alternative formats

If you require this document in an alternative format, please contact:
openaccess@bath.ac.uk

General rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

- 2 Bonds DE, Miller ME, Bergenstal RM, et al. The association between symptomatic, severe hypoglycaemia and mortality in type 2 diabetes: retrospective epidemiological analysis of the ACCORD study. *BMJ* 2010; **340**: b4909.

Alcohol taxation and premature mortality in Europe

Europe has the highest premature mortality attributable to alcohol in the world.¹ Despite WHO's emphasis on the importance to restrict alcohol consumption with fiscal measures, the Lithuanian (in 1999), Polish (in 2002), and Finnish (in 2004) Governments all lowered excise taxation of alcoholic spirits by 44%, 30%, and 44%, respectively. These decisions led to instant and striking effects on health, which have been described elsewhere for Lithuania² and Finland.³

Decreases in alcohol prices in Poland provided a so-called one-factor natural experiment⁴—allowing the effects of this factor to be observed—whereby no other reforms in alcohol distribution, availability, or regulation were introduced. Additionally, no changes were noted in other factors that could affect mortality and morbidity in Poland, and the gross-domestic product of this country was steadily increasing. In Poland, reductions to vodka prices were followed by an abrupt increase in recorded alcohol sales from 7 L per capita in 2002 to almost 10 L per capita in 2008,⁴ and a yearly increase in mortality rates attributable to alcohol of 6–64 deaths per 100 000 in men aged 45–64 years (unpublished). Before alcohol prices were lowered, Poland was one of the countries in Europe with the most dynamic health improvements showing a large and steady decrease in mortality (figure). After the change to alcohol prices, Poland and Finland's improvements in mortality

slowed and Lithuania's mortality in men worsened. In 2008, alcohol prices were increased again in Poland and the rate of decreasing premature mortality returned to the same levels before 2002 (unpublished).

The Russian Government announced that it would reduce the price of vodka by 16% in February, 2015. Similar to Poland, this decision follows a period of rapid improvements to health. After 50 years of stagnation, the health indicators of the Russian population, especially of young and middle-aged men, have been improving since 2005.⁵ As with Lithuania, Poland, and Finland, the decision to lower alcohol prices will probably contribute to halting this health transformation in Russia, especially because vodka consumption continues to be a key contributor to its high rates of premature mortality.⁶

Lithuania, Poland, and Finland increased alcohol taxes a few years after reducing them. We find it difficult to understand why Russia would be willing to repeat the same mistakes as its neighbouring countries rather than learning from them.

We declare no competing interests.

***Witold A Zatoński, Urszula Sulkowska, Mateusz Z Zatoński, Aleksandra A Herbec, Magdalena M Muszyńska wazatonski@gmail.com**

Marie Skłodowska-Curie Memorial Cancer Centre, Warsaw, 02-034, Poland (WAZ, US); London School of Hygiene & Tropical Medicine, London, UK (MZZ); University College London, London, UK (AAH); and Warsaw School of Economics, Warsaw, Poland (MMM)

- Boyle P, Boffetta P, Lowenfels AB, et al. Alcohol: science, policy and public health. Oxford: Oxford University Press, 2013.
- Grabauskas V, Prochorskas R, Veryga A. [Associations between mortality and alcohol consumption in Lithuanian population]. *Medicina (Kaunas)* 2009; **45**: 1000–12 (in Lithuanian).
- Makela P, Osterberg E. Weakening of one more alcohol control pillar: a review of the effects of the alcohol tax cuts in Finland in 2004. *Addiction* 2009; **104**: 554–63.
- Central Statistical Office. Statistical yearbook of the Republic of Poland 2010. Warsaw: Statistical Publishing Establishment, 2010.

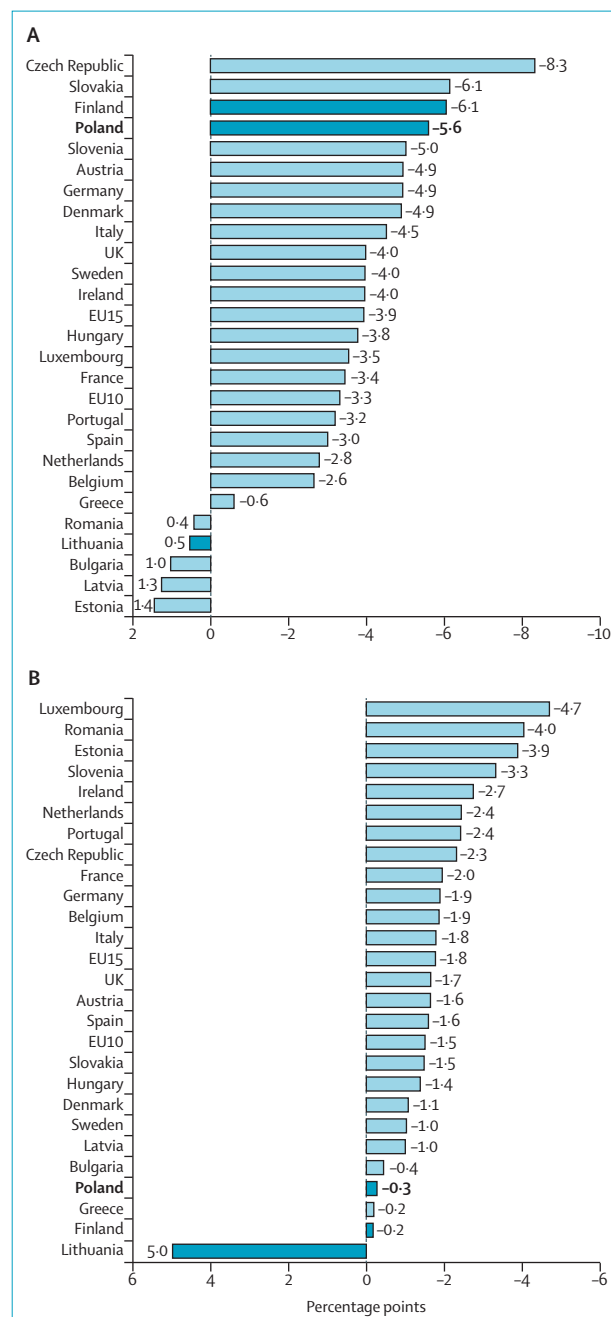


Figure: Changes in probability of mortality in men aged 20–64 years in Europe Probability of mortality for men in 1990 versus 2000 (A) and 2002 versus 2007 (B). Probability of a man aged 20 years dying before 65 years is expressed as a percentage, and change in probability between the two year dates is shown in percentage points. Data are from the WHO Mortality Database (http://www.who.int/healthinfo/mortality_data/en/).

- Popova LA. The results of the modern demographic policy in Russia. *Int J Reg Devel* 2014; **1**: 26–38.
- Zaridze D, Lewington S, Boroda A, et al. Alcohol and mortality in Russia: prospective observational study of 151 000 adults. *Lancet* 2014; **383**: 1465–73.